	SASSIAN ABIL	्राप्त इन्हरसम्	APPLICATION OF	Sections	ξ·	5		كالمرفعات ديارين	Germinis			e de la constante de la consta		
	PATIENT APPLICATION FEE DETERMINATION RECORD 10/82227/													
		<u> </u>	S FILED - PART I (Cotumn 1) (Cotumn 2)				SMALL E	YIIIY	OR		THAN			
	AGAY CHURK		•				RATE	FEE	7	RATE	FEE			
	FOR •	NUMBER FILED		NUMBER EXTRA			BASIC FEE	150.00	OR	BASIC FEE	300.00			
	TOTAL CHARGE	minus 20=		•			X\$ 25=		OR	X\$50=				
	NDEPENCIENT (minus 3 =		·			X100=		OR	V222				
Ľ	MULTIPLE DEPE	NDENT CLAIM P	RESENT .					+180=		1				
•	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		JOR IOR				
	CLAIMS AS AMENDED - PART !!							.01,2		loú	OTHER	THAN		
lr	(Column 1) (Column 2) (Column 3)							SMALL		OR	SMALL			
AMENDAGATA	7/9/5	REMAINING AFTER AMENDMENT		PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 4/	Minus	4	/_			X\$ 25=		OR	X\$50=			
N O	Independent	ENTATION OF M	Minus	*** (O A114	-2		X100=	200	OR	X200≖			
-	THEOLITAEO	ENTAINA OF RA	OCTIFUE DE	PENDENI	COUM		ן י	+180=		OR	+360≈			
	Tre								200		YOYAL ADOIT, FEE			
-	(Column 1) (Column 2) (Column 3)										regii. reci			
AMENDMENTB	7/22/5	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NÚME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Q	Total	.41	Minus	-41				X\$ 25=	·	OR	X\$50=			
AMA	Independent	NTATION OF M	Minus	ENIDENT	CI ADA	-2		X100=	200	OR	X200=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+180=		OR	+360=			
10	anact-							TOTAL TIT. FEE	200	OR ,	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)													
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID P	ER JSLY	PRESENT EXTRA			ADDI- TONAL FEE		. PATE.	ADDI- TIONAL FEE		
Š	Total	•4/	Minus	•• <i>H</i> /	, ·)		X\$ 25=		OR	X\$50=			
A SE	Independent	,	Minus	· 8	;_,			X100=		OR	X200=			
	THIS PHESE	NTATION OF MU	LIPLE DEP	PADENT (AAM.		 	+180=			+360=			
	<u> </u>													
·· · · · · ·	•	BEST A	BEST AVAILABLE COPY											